

Name in Full

Certificate of Death

Fred. Davis

Town

County

Died at

Rock Hall

Kent

MARYLAND

Date 189

8

Month

Day

8 20

Age

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Henry H. Davis

Mother's

Name

396

Cause of

Primary

Cerebro-spinal men-

How long sick

Death

Immediate

ingitis

Accident, Suicide, Homicide

Reported by

Enterprise

8-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



George Davis
 Died at ^{Town} Millington ^{County} Kent

MARYLAND

Date 189 ^{Month} 8 ^{Day} August 20 ^{Y.} ^{M.} ^{D.} Age about 43 ^{Native of} Maryland ^{Occupation} day laborer
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 5-

Husband
 of
 Wife

Father's

Mother's

Name

Name

Cause of { Primary Cancer of the stomach
 Death { Immediate
 How long sick 2 or 3 years
 Accident, Suicide, Homicide

Reported by

Address

Ed Clarke
 Millington Kent

25-b

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

P.C.I. /

Margie S. Severick

Died at

Town
Massy

County
Kent

MARYLAND

Date 189 8 Month Aug Day 25 Y. 2 M. 2 D. 2 Native of Maryland Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~
of
~~Wife~~

Father's Name J. Fletcher Severick

Mother's Name Dorsey Severick

Cause of Death { Primary Bad Food

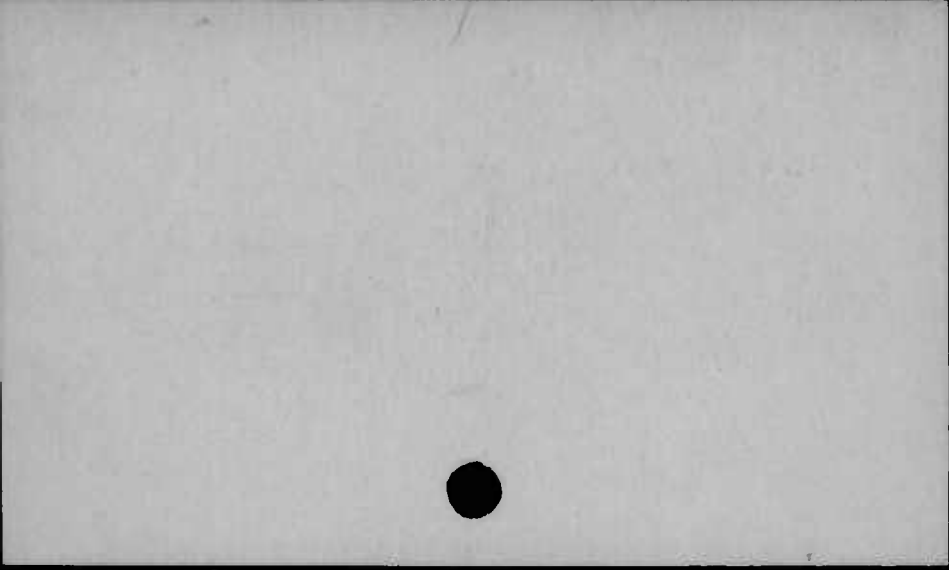
How long sick
1 week

Death { Immediate Gastro-enteritis

~~Accident, Suicide, Homicide~~

Reported by Edward A. Scott M. D.

Address Galena, Kent Co., Md.



Charles Willard Dickerson

Town

County

Died at Rock Hall

Kent

MARYLAND

Date 1898 August 29

Age 7 13 -

Native of Kent Co

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living none

Husband
of
Wife

Father's Name Philip Dickerson

Mother's Name Sophia Hickey

Cause of Death Primary Remittent Fever

How long sick 14 days

Death Immediate Exhaustion

B3

Accident, Suicide, Homicide

Reported by L. B. Wellson

Address Edenville P O Kent Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Carl Francis Henry Johnston

Died at

Trout Grove

County

Kent

MARYLAND

Date 189

8

Month

Day

8-25

Y.

M.

D.

Age *66*

Native of

Ireland

Occupation

Male

White

Married

~~Widower~~

~~Divorced~~

~~Female~~

~~Colored~~

~~Single~~

~~Widower~~

Number of children living *2*

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Easton Ledger 9-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Amos B. Kelley

Town

County

Died at Chestertown Kent

MARYLAND

Date 1898 8 Aug 18 Age 34 Y. M. D. 10. 1 Native of Md. Occupation Bailiff

Male

White

Married

~~Single~~~~Divorced~~

Number of children living 3

Husband of Nellie Kelley

Father's Name Jas. Kelley

Mother's Name Anna R. Kelley

Cause of Death Primary Typhoid Fever

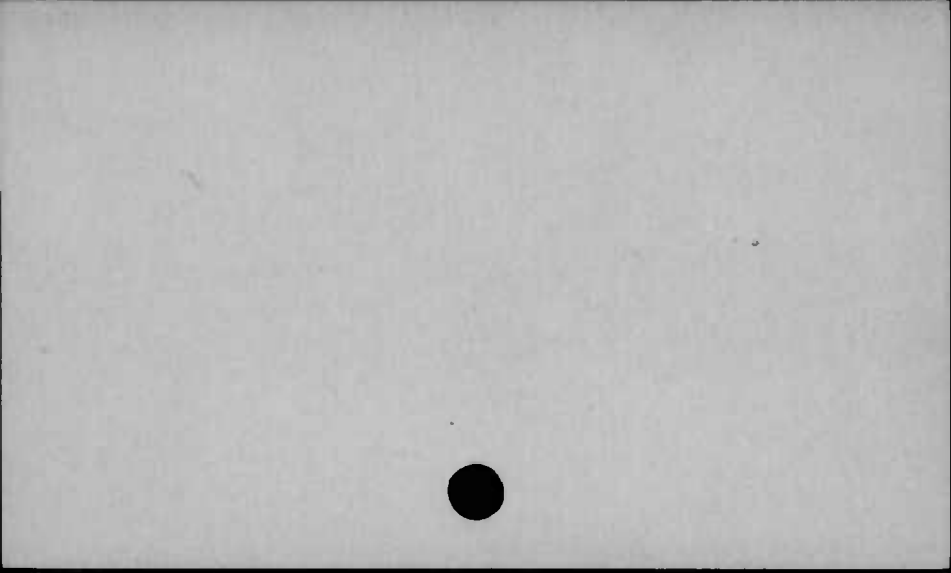
How long sick 3 weeks

Death Immediate Peritonitis

~~Accident, Suicide, Homicide~~

Reported by H. Benge Summers Md.

Address Chestertown Md.



Sarah Milligan,

Town

County

Coleman,

Kent,

MARYLAND

Died at

Date 1898.

Month

Day

Y.

M.

D.

Native of

Occupation

8, 22,

Age 87.

Md.

none.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2.

Husband
of
WifeFather's
Name

Wm. Milligan.

Mother's
Name

Cause of { Primary

Death { Immediate

Paralysis.

44

How long sick

4 days.

Accident, Suicide, Homicide

Reported by

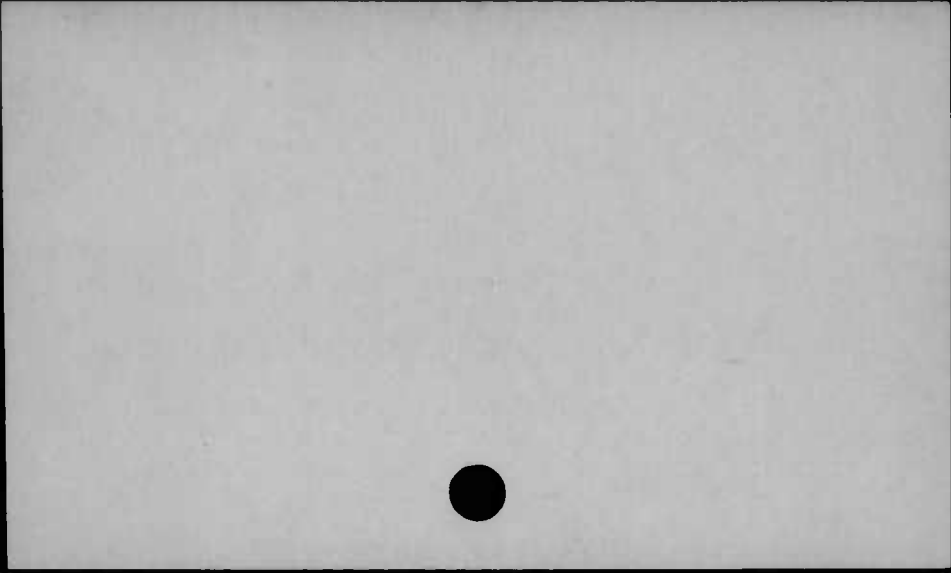
William Steele Maxwell. M.D.

Address

Still Pond,

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gordon Capels Morris,

Town

County

Died at

Sassafraz

Henth

MARYLAND

Date 1898 Aug 18 Month Day Y. M. D. Native of Ind. Occupation
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

 Husband
 of
 Wife

Father's Name Shepphard Morris Mother's Name Belle Capels

Cause of Death { Primary Immediate Phosphorus poisoning How long sick 151 6 days
 Accident, ~~Swindle, Homicide~~

Reported by

And M. Jeter M.D.

Address

Sassafraz Henth Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55958



George Richard Parratt

Town

County

Died at

Still Pond

Kent

MARYLAND

Month

Day

Y.

M.

Native of

Occupation

Date 189

8

Aug

26

Age

60

5

26

Md

Farmer,

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Elma B. Hopkins

Wife

Father's

Name

Benjamin Parratt

Mother's

Name

Mary R. Bowers

Cause of

Primary

Dysentery.

How long sick

35 days.

Death

Immediate

Accident, Suicide, Homicide

Reported by

William S. Maxwell, M.D.

Address

Still Pond, Md.



Name in Full

Certificate of Death

Georgina Pinkney

Died

Mar 8 Aug 27

Date 189

~~Male~~

Female

Husband

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mar

8

Aug

27

Town

Mary

County

Kent

MARYLAND

Month

Day

Y.

M.

D.

Age

35 about

Native of

ind

Occupation

Housewife

Married

Widow

Divorced

Widower

Number of children living

4

John Pinkney

Mother's

Name

78

How long sick

1 week

Accident, Suicide, Homicide

Edward A. Scott, M.D.

Salina

Kent Co., ind.



Name in Full

Certificate of Death

Hermitto Robertson

Town

County

Died at

Chesleron

Kent

MARYLAND

Date 1898.

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 24

Age

82, 3.

Md.

none.

Male

~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Cann. opp.

Mother's
Name

Sarah Chase

Cause of

Primary

Typho Mal

How long sick

6 weeks

Death

Immediate

Urine Poison

Accident, Suicide, Homicide

Reported by

Oscar Wheland Md

Address

Chesleron Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968



Name in Full:

Certificate of Death

Kassir Teller Robinson

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

8

11

Age

2

9

L. G. G. G.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Wife of

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

5 days.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date 189

Husband of

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Father's

Name

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65065



Name in Full

Certificate of Death

Sewell Mitchell Stavelly,

Town

Lynchis,

County

Kent

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8,

8,

22

Age

10

Md.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2.

Husband

of

Wife

Father's

Name

Almon N. Stavelly,

Mother's

Name

Lucy Roberts,

Cause of

Primary

Enteric - colitis.

How long sick

1 week,

Death

Immediate

Accident, Suicide, Homicide

Reported by

William Stetle Maxwell, M.D.,

Address

Still Pond,

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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